

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

401273516

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 47120

Contact Name: Jennifer Thomas

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6808

Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

API Number 05-123-42993-00

County: WELD

Well Name: KEOWN STATE

Well Number: 19N-34HZ

Location: QtrQtr: SWNW Section: 15 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 1799 feet Direction: FNL Distance: 837 feet Direction: FWL

As Drilled Latitude: 40.141189 As Drilled Longitude: -104.995739

GPS Data:

Date of Measurement: 05/11/2017 PDOP Reading: 1.8 GPS Instrument Operator's Name: JASON CURNUTT

** If directional footage at Top of Prod. Zone Dist.: 997 feet. Direction: FNL Dist.: 1060 feet. Direction: FWL

Sec: 15 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1430 feet. Direction: FSL Dist.: 1134 feet. Direction: FWL

Sec: 34 Twp: 3N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/04/2017 Date TD: 03/08/2017 Date Casing Set or D&A: 03/10/2017

Rig Release Date: 03/20/2017 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 20750 TVD** 7078 Plug Back Total Depth MD 20642 TVD** 7078

Elevations GR 4872 KB 4902 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, GR, MIT OHL-RES RUN ON KEOWN
STATE 33N-34HZ, API 05-123-42991

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	42.1	0	110	64	0	110	VISU
SURF	13+1/2	9+5/8	36	0	2,345	914	0	2,345	VISU
1ST	8+1/2	5+1/2	20	0	20,736	2,870	30	20,736	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,503				
SHARON SPRINGS	7,131				
NIOBRARA	7,285				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.
Per Rule 371.p Exception, open hole resistivity logs have been run on the KEOWN STATE 33N-34HZ well (API 05-123-42991).

The top of productive zone provided is an estimate based on the landing point at 7811' MD.

Completion is estimated for Q3, 2017.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Jennifer Thomas

Title: Regulatory Specialist

Date: _____

Email: jennifer.thomas@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401273785	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401273784	Directional Survey **	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
401273765	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401273768	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401273769	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401273773	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401273782	PDF-CASING EVALUATION TOOL	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401273783	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)